

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101596242

FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER	
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	5					
3	2					
4	8					
5	8					
6	8					
7						
8	8					
9	8					
10	8					
11	9					
12	8					
13	8					
14	1					
15	1					
16	2					
17	8					
18	8					
19	8					
20	8					
21	1					
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34	1					
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TOTAL IND.			2			
TOTAL DEP.			20			
TOTAL CLAIMS			22			

	AS FILED		AFTER		AFTER	
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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